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LEADING ARTICLES

KOREA AND JAPAN.

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BROOKLYN, N. Y.

NINTH LETTER.

ON leaving Dalny we had our first experience on an exclusively Japanese ship, the Shinanogawa Maru, a small coasting steamer that made the rounds of the Yellow Sea and its tributary bays. The food being only Japanese we had to subsist upon sandwiches which we brought from the hotel at Dalny. The human passengers were few but the berths were already occupied by a multitude that the Buddhist stewards did not attempt to evict. On reaching Chemulpo the port physician made a careful examination for bacterial infection, but paid no attention to that more palpable kind that had made our flesh crawl many times after discovering its presence. On landing at Chemulpo we soon learned that the Japanese had rechristened it Jinsen and on buying our railway ticket for Seoul we learned that this too had been renamed and is now known as Nandaimon. Later in our tour we found that Fusan had met a like fate, and is now the port of To-So-Ryo. We thus perceived that every known landmark of our tour through the Hermit Kingdom was practically obliterated from our American maps.

The Japanning of Korea does not stop at this as was soon discovered. Every effort is being made toward the Japanning of the people and that there should be resentment is not to be wondered at. An effort had been made to force the Koreans to abandon their characteristic costumes and adopt those of Japan. This had led to so much trouble that the enforcement of the law had stopped just prior to our visit, but the irritation remained. The Koreans wear mostly white garments and the Japanese passed a law making it a crime for a man to be seen in the streets with white clothes. The prisons got so full that they could find no places for the pressing multitudes of such criminals. On the plea that white cotton goods cost less than colored cotton goods, and that the peasants were unable to pay the difference in the cost the law was repealed and the prisoners set free.

We spent half a day at Chemulpo jinriksha riding so as to see the sights of this strange country. The city itself differs but little from a sea-port town in Europe or America, but the people and their ways differ very materially from anything we had yet seen. Men with rimless and half-crowned hats, others with tall cone-shaped, fluted-edged hats, others still with hats like inverted bowls, and all appearing as if just out of bed with their sleeping garments on, made a rather unique sight. Women with long sticks like alpenstocks and low cut gowns of pure white that left the breasts uncovered, accompanied by children having garments of pieced-colored cloths, one sleeve or front of which would display from ten to twenty brilliant colors, was no uncommon sight. The men wore queues, as Chinamen do, but not hanging down their backs. They are invariably rolled up under their strange shaped hats in a coil and can only be seen when they happen to stoop over. The hats that are not cone-shaped, being half-crownless, permit one to see the coiled rope of hair.

But a Korean funeral is probably the most comical thing one can see in this queer country. The coffin is decorated with colored ribbons and artificial flowers. The pall-bearers are painted and ribboned, rosetted and flowered, like exaggerated clowns for a circus. Mourners and pall-bearers dance, shout, and grimace on their way to the graveyard. Two persons are converted into one giant form and a number of these giant forms, in which one man stands upon the shoulders of another, likewise make a dancing move-

ment as they proceed. We happened to be the unfortunate cause of the breaking up of a funeral procession of this kind. A few mocking Japanese coolies were set upon by the mourners and flogged for their irreverence. Our Japanese jinriksha-men dropped their places on our jinrikshas, seized the long walking canes of some Korean women, wrenched them from their hands, made a dive into the funeral procession, thus re-enforcing their countrymen, and played havoc among the mourners. The suddenness of the attack took them by surprise and brought immediate victory for the Japanese. For a time we feared that we would have to find our way back to the railway station afoot, but by and by our men appeared with only a few scratches as a result of the melee. Had the attack occurred in a crowded part of the town instead of in a quiet suburban region it might have proven much more serious for us. We afterwards were told that this sort of thing is of frequent occurrence in all parts of Korea.

The railway trip to Seoul is through pleasant but not markedly diversified scenery. Many miles of the way the fields and forests, houses and rocks are decorated with huge advertisements, in all sorts of gaudy colors.

The characters being entirely oriental tourists can only guess at their meaning by the pictures that most of them bear. In number and conspicuousness they outrival anything seen along New York, Paris or London railway routes. This kind of advertising we later found is quite common throughout Korea and Japan. The stations all bore both English and Japanese signs giving their names. The tickets were printed on one side in English and on the other in Japanese, but all names, on both tickets and stations, were different from any on our maps or guide books. The new names are Japanese and the old ones Korean. When we reached Seoul and were told to leave the train it was something of a surprise to us to hear the place called out by the conductor as "Nanda-imon," and yet that was the name which our ticket bore.

Our locomotive and the cars on our train were made in the United States, so that during the journey there was a home-like character to the ride, but we found it more fatiguing than riding for a similar distance on the English-made cars. One of the first sights of Seoul that attracted our attention was the trolley cars of the American-Korean Electric Company. During our stay in the city we seldom saw them when they were not well filled with Korean and Japanese passengers. The Korean costumes in Seoul were of the same odd character seen in Chem-

ulpo and on the way to Seoul. The city as a whole has a pleasant, oriental-occidental look, but contains nothing impressive in the way of architecture. The palaces and palace gardens are the chief sights. While of great interest when viewed in their semi-barbarous greatness as a phase of human evolution, they do not appeal to visitors as being in any sense beautiful. The streets are much wider than those of Chinese cities, the store signs are less showy, and the people appear to be less demonstrative. Most of the houses have two openings on the sidewall, or on the gable end, from one of which—the upper one—issues smoke, and from the other pours forth into the gutter, the sewage. There are no chimneys and no sewer pipes. Our jinriksha men were Koreans. We had to guide them to the places we desired to see by showing them photographs or picture postal cards of the same. Japanese policemen either could not or would not try to direct them for us. They claimed to be unable to speak Korean, while a few of them were able to speak fair English. The regular guides were all engaged when we reached Seoul so we had to do our best without them. The American Consul and his assistant helped us out of our difficulty by explaining to the jinriksha men where we desired to go during our stay in the city and how they could understand our wants as we were on the way. This consul had been deposed because he was thought to be friendly toward the Koreans. The day we got to Seoul the baggage of the new consul had just reached the Consulate. This new man was evidently as unsatisfactory to the Koreans as the one he succeeded was to the Japanese for he has since been killed by a Korean while on a return trip to the United States. The Consul we met informed us that the average Japanese of Korea are mere adventurers and carpetbaggers who are there for what they can make out of it. While the Koreans are a quiet and peaceful people when let alone the Japanese treat them unjustly and often cruelly disregard their rights. He was kept constantly in a broil settling disputes that could not possibly have arisen had there been the slightest intention on the part of the Japanese to do simple justice. He spoke highly of Prince Ito, and said that if Japan had sent men to Korea with anything like the moral nature of the prince no such troubles could have arisen.

Our route to Japan took us through the Straits where the Russian fleet was destroyed. We crossed on the new Japanese steamer, the Tshushima Maru, from Fusan to Shimonoseki. We had electric lights, electric heating appliances, European food, fine

berths, and a beautiful dining-room on the ship. Officers and men were all Japanese. The one draw-back was rats. They practically played "tag" over our beds during the night, and waltzed through the dining-room during the day. The Buddhist stewards did not seem to dare, or to desire, to put an end to this nuisance. Between pediculi and rats we got a bad impression of the Japanese merchant marine and wondered if we could not in this discover the secret of the existence of plague, beri beri, and other oriental epidemic diseases, among these people. Aside from these they seemed to be a very cleanly people. Their houses are clean, they try to keep their persons clean. In a park they will not, as a rule, sit down on a vacant bench until they have carefully cleaned it off and placed a blanket there on to sit upon. They seem never to travel without a blanket. On the trains they place it under them while they sit tailor-fashion on the seats. They all carry towels with which they wipe all accumulations of dust and grime from their faces and hands. A most remarkable social feature of the country is constantly seen at the railway stations. The closets have two entrances, one being for males and the other for females, but on entering foreigners are astonished at finding no partitions and no line of demarcation for the sexes. Why they have two doors is incomprehensible.

Our first impression of Japan was very pleasing and was made more so by the plan the customs officers pursue in examining baggage. All examinations were made during the voyage so that when we reached land we were free to enjoy the scenery and study the people. What a blessing it would be for tourists if other countries adopted this plan. The scenery of the narrow entrance to the Inland Sea, where we found ourselves in the morning, is exceedingly beautiful. Its contemplation made me recall my early historical studies. Here lay before us the land that Columbus was sent forth to discover and annex to the throne of Spain, by virtue of the Pope's Bull. Here were the islands that Columbus thought he had missed by taking a too southerly direction. How fortunate for the world that he and Pinzon had the dispute that led him into the southerly course, otherwise North America would have been Hispaniolized and shared the fate that has befallen South America. He thought, on reaching land, that he had touched upon India instead of the "Zipang" that had tempted the cupidity of his Spanish backers. Khublai Kahn's story, to Marco Polo, about Zipang's palaces of solid gold was believed in implicitly by the courtiers of Ferdinand

and Isabel. Without knowing it, Japan's fate, and the fate of the United States, hung together in the balance, as far back as 1492. That it should be our Commodore Perry who forced open the ports of Japan to foreign commerce, excited the commotion that led to the destruction of the feudal system in Japan, paved the way toward making it a country with a constitution and that finally lifted it into the ranks of civilization, is a remarkable coincidence. The destiny that shapes our



JAPANESE PHYSICIAN OF YE OLDEN TIME.

(Drawn about 1860, for Sir Rutherford Alcock's "Three Years in Japan.")

ends has tied us to the Philippine Islands by the humiliating of that power which sent Columbus across the seas to take control of Zipang. Camorens, the Portuguese poet, in the *Luciad*, written in 1570, says:

"Pass not unmarked the island in that sea,
Where nature claims the most celebrity.
Half hidden, stretching in a lengthened line,
In front of China, *which its guide shall be*,
Japan abounds in mines of silver fine
And shall enlightened be by holy faith divine."

This wonderful prophecy is well on the way to fulfillment and shows that even at that early date there were those who could see Japan's superiority and some of the chances of the future. Montgomery, many years later, wrote of both China and Japan as "Dead seas of men." That Japan was asleep

and not dead time has proven. These were the thoughts that controlled my mind as we landed at Shimonoseki and stood facing the waters in which the awakened giant had submerged Russia's fleet and destroyed its dream of centuries. When we were fairly ashore we were startled by the news that the jingoes of America and of Japan were working for war between our own country and the country of the Mikado. As I thought of the \$3,000,000 indemnity that we, voluntarily, returned to Japan, after their firing upon our ships in that very port, while England, France and Holland hung on to the last penny and never returned it, it occurred to me that surely that act would be remembered by both parties and present grievances settled in a somewhat similarly generous manner. When it occurred to me that the Mikado's generosity was stirred over the dastardly attempt of a citizen of this same port upon the life of the aged Chinese statesman Li Hung Chang, so that the former voluntarily, lessened the burden his officers were forcing upon China, it became evident that both our country and Japan meant to do the right thing by others at all times. Both had proven by their deeds that justice tempered with mercy was what they sought. As our train sped away from Moji station for Nagasaki I had settled down to the belief that there would be no war with Japan over the San Francisco muddle. The day was a delightful one and the passing scenery a duplicate of that of Java. Never were the hills and dales of two islands more nearly alike than are those of Kiusiu and Java. Tourists usually travel between these ports on ships so that they miss a treat of the most exquisite character. The beauty is beyond description. There are miles on miles of terraced hills, interspersed by lovely valleys, pretty villages, groves of giant camphor trees, smooth, clean roads with numerous evidences of growing civilization. Here is the region from which most of the vegetable wax comes and great numbers of the rhus bushes and small trees from whose berries it is produced were everywhere in evidence. Here we had our first introduction to one of Japan's quaint feasts, the Hatsu-nobori. Every house, in every village we passed, was celebrating the birthdays of their sons. Wherever there was a boy, over the house was hoisted a "koi" in his honor. If there were ten boys one or two tall flag poles were hung from the top downward with as many "nobori," or paper carp, as there were boys in the household. These carp are hollow so that as the wind blows through them they float out and swell up into the dimensions and shapes of true fish. Some of them were

almost as large as diminutive whales and represented the fact that the boy was grown up. Others were small and stood for the baby boys of the family. They were of various colors and some were decorated with ribbons. It made a pretty sight. There is both taste and economy in thus celebrating the birthdays of all boys on the same days of the year. The girls, we were told, had a different set of days devoted to them. Theirs is in February.

At every station where we stopped our ears were greeted with the clack, clack, clack of the Japanese wooden sandal. Until we left Japan we never for a day got rid of that sound. Men and women both wear them. The feet are generally covered with a sort of mitten-like cover that gives them the appearance of a cloven hoof. The cleft is used as a means of holding to the sandal strap so that the wooden sandal shall not slip from the foot. The garments worn by all those in native costume give the heraldic mark of the old feudal clan to which they belong. The occupations of all kinds of workmen are like wise stamped upon their clothes. Marks of this kind are necessary in order to tell the respective ranks of people who are introduced to each other. The number of times they must bow, the depth to which they must bow, the way they shall suck in their breath as an evidence of pleasure at the meeting, are all determined by the mark upon the clothes. It is amusing and interesting to watch this sort of ceremony and the opportunities for seeing it are innumerable. The Japanese are, probably, the most polite people on the face of the earth, and yet that politeness is governed, in its quality, by a definite social code to which all pay deference. One of the oddities in garment marks was that of the milk sellers. No heraldic sign and no oriental ideograph could meet this case, so as a substitute they print in script, on the back of the dealer, the English word "Milk." The ideograph is in general use all through Japan, Korea and China. Their books are printed in it. Each character is a symbol of an idea like our figures, our letter &, our dollar sign (\$), our per cent sign (%), etc. So numerous are these signs that it takes years to master them. Once mastered and two men who cannot understand a single word that the other utters can read letters written by him and read the same books that he does, comprehending the meaning. A Chinaman can read the signs and bill-boards of Japan when he cannot understand a single word of Japanese. Let a German learn our dollar sign and on first coming to our country he could tell at a glance the meaning of \$10, 10%, 4-6-1908. These are

our ideographs. If they were written out as "ten dollars, ten per centum, July fourth, nineteen hundred and eight," he would be puzzled as regards their meaning. But the positions of the Japanese ideographs control, in some degree, their meaning. Take that of king or emperor, for instance. The ideograph we spell as "kyo," since this is the sound of it when pronounced. Next take that of town or city. The ideograph we spell as "to." By putting these together they get Kyoto or King's City, i.e., the city in which the Mikado, king, or emperor lives. When the "to" is to the right hand side of the "kyo" it means the eastern capital or home of the king, while if to the left it means the western city or capital. In this way they have the two capitals of Kyoto and Tokyo both spelled with the same two ideographs, but reversed in position.

On reaching Nagasaki we got fairly launched into an appreciation of the ways and habits of the average Jap. Here we had our first experience of their tea houses, of the free and easy manners with strangers of their waiter and geisha girls; of the tooting fife of the blind masseurs and shampooers; of the lacquered wooden temples; of the itinerant lunch-men; of the flower venders with their peerlessly beautiful flowers; of children scarcely able to walk bearing, the burthen of baby brothers or sisters on their backs; of newsboys advertising their wares with bells; of carpenters working their tools in the reverse direction that ours do; of that opprobrium of Japanese cities—the Yoshiwara—where sin is legalized, young men go to select wives, and mothers to sell their daughters without a blush or sense of shame; of sacred enclosures full of doves, of sacred tanks full of turtles; of tame and sacred deer; of street quacks vending cure-alls and exhibiting their diplomas as evidence of fitness to practice on the crowd; of theatres, cheap shows and Coney Island exhibits as accompaniments to the sacred services in next-door temples; of sake stores vending not only the native drinks, but likewise selling our stronger brandies and whiskies, with—strange to say—no drunken men. But the characteristic sight of Nagasaki is the living chain of Japanese women loading coal from barges upon the ocean steam-ships. Without pause or cessation basket after basket, filled with heavy coal, is passed along from woman to woman, for hours at a time, up from the barge's deck, far up to the deck of the ocean-liner and over into her hold, where Japanese men receive and distribute it. The rapidity of their movements in this kind of hard work, is almost incredible. For it they receive only a few cents per day. As Nagasaki has

been longer occupied by Europeans than any other city of Japan it is, naturally, less characteristic of the country. Even in the matter of progressiveness it lags behind such cities as Osaka, Tokio and Yokohama. Its buildings are not as fine, its stores are less beautiful and less completely stocked, and its hotels do not reach the perfection of accommodation. On leaving it our route led us through the celebrated Inland Sea. The sail here was delightful and the scenery though not startling was soothing and exceedingly pleasing. It was,

'Like mountain lake, so smooth and calm,
The earth seemed hushed in dreamy sleep,
As perfume breathed from isles of balm.'

After seeing Kobe and Osaka we proceeded by steamship to Yokohama. On our way



BLIND JAPANESE MASSEUR.

up the coast we secured our first view of that peerless, and unique sacred mountain, Fuji. We call it Fujiyama but that only means Fuji mountain. Its conical form, being alone, can be seen for many miles in all directions. On this account it dominates the scenery of a very large part of Japan. Knowing that there is no other mountain on earth just like it the Japanese are very proud of it and their artists seldom forget to embody it in all the characteristically Japanese pictures which they produce. It is an extinct volcano and has an altitude of 12,390 feet. Two weeks after landing at Yokohama we retraced our course, overland, to within six miles of Osaka and then we had many fine views of this superb object from all sides except the north.

During this trip we visited Nara, Kyoto, Lake Biwa, Nagoya, Shizuoka, Gotemba, Odawara, Miyanoshita, Lake Hakone, Kamakura, and Enoshima. These are the principal points of interest for tourists in that part of Japan. North of Yokohama our route was to Tokyo, Nikko, and Lake Chuzenji. To adequately describe what was seen in each of these places would fill a small volume.

Nikko is the one place in all of Japan that the Japanese boast most about. They warn tourists not to say "kikko," i. e., beautiful, until after seeing Nikko. There is to be found the most beautiful of their temples. There nature was in her most extravagant mood when she constructed her numerous pretty cataracts. There vegetation is in a riot of effort trying to paint a landscape of unequalled splendor of color. Rhododendrons and azalas, wistarias and deutzias, magnolias and honeysuckles, columbines and epilobiums, clematis and roses, struggle with each other for pre-eminence of position and gorgeousness of display. They are scattered everywhere on hillsides and road-sides in wild profusion. Far up the tall and stately cryptomaria trees the wistarias climb to hang in solid masses of royal purple festoons from their symmetric branches. Every hillside was fairly ablaze with azalias of many colors. Some were snow white, some orange, some crimson, some scarlet, some pink and some well-nigh purple. In the gardens of the villagers the celebrated Japanese cherries were a sight that it was worth a trip of many miles to see. There is nothing comparable to it in our country. The flowers of their cherry trees are very much larger than ours and their profusion is as great as is ours, so that every tree is one immense blaze of splendor. Every step of the way between Nikko and Lake Chuzenji is one series of gorgeous surprises. From the sacred crimson bridge, that only the Mikado is allowed to cross, to the Lakeside Hotel, is a continuous panorama of loveliness that in its wilder aspects strongly reminds the tourists who have seen Switzerland, of the superb Visp. It only lacks the peeps at the Matterhorn to complete the illusion. But the profusion of beautiful waterfalls outrivals the Swiss pass. Whittier must have seen some such spot when he wrote of.

"Where the splintered points of the crags were seen,
With water howling and vexed between."

But the cryptomarias. Where, on all the earth, is there anything comparable to the Tokaido road when lined with these? For twenty miles their arrow-straight trunks and cone-shaped forms line the road from Utsunomiya to Nikko. At Lake Hakone there are many more miles of these beautiful trees.

They resemble very much our California redwoods. The monasteries and temples of Nikko are buried in them. They line the long flights of steps that lead up to these. The sacred buildings were, to me, far less impressive than the environment that nature had thrown around them. None of them are massive, awe-inspiring, or examples of beautiful architecture, like the cathedrals of Europe. They are all low buildings and their chief boast is the fine polished and lacquered wood-work of their interiors. Having seen one or two the tourist soon wearies of the effort of climbing up these steep steps that lead to them. In Tokyo, Kyoto, Nara, and Kamakura there are things of historical or other interest connected with their monasteries and temples that tempt one to visit these even when surfeited with views of the buildings themselves. We may only wish to discover in which one the devotees pay most attention to the Nio, or two Deva Kings, that guard their entrances. It is only in Japan that people can be found who think they may be cured of a disease, have good fortune in business, win a lover or secure salvation by making a target of a god with masticated prayers. They buy the prayers from the priests or write them themselves. They are written or printed on small pieces of paper and ask for the thing desired. The worshipper chews the paper prayer, until he thinks it is just soft enough to stick well, and then he throws it at the face of the god, or, if the prayer calls for relief from some pain, at that part of the god's anatomy corresponding to the location of the pain. If it sticks his prayer is to be answered. If it does not stick he must try some other god who may feel more kindly disposed towards him. Some of these gods are bespattered with such pellets to such an extent that their hideous forms are rendered still more hideous by the scars and marks of the adhering pulp. Faith in the Nio does not, however, seem to be as deep seated, so far as medical treatment goes, as it is in Binzura. To study this phase of Japanese character at its best one must visit the temple of Kwannon at either Tokio or at Kioto. In either place one could spend days, without cessation of interest, watching the devotees.

Sir Frederick Treves, in his "Other Side of the Lantern," tells us that Binzuru "is a deity 'with a past,' and certain slight failings in his early days have brought him in closer touch with the sympathies of the people. He now busies himself with the healing of the sick." Binzuru was one of Buddha's sixteen apostles who for violating his vow of chastity was expelled from his exalted position. Buddha, probably taking pity on

him, is believed to have conferred upon him the power of healing all human ills. His image is therefore placed outside the sanctum so that it is always within reach of the faithful. From morning till night they crowd around it muttering prayers, rubbing with their hands that part of it which represents the seat of their own affliction and then rubbing the latter. In whatever temple one happens to see him they will always discover that he is rubbed out of shape or resemblance to a perfect human form. The surface of his body is polished with human hands and around his neck, on his hands, or on his head his sympathetic worshippers have placed colored bibs, fancy hoods, or pretty gloves or mittens. No other god in

ately following her was another woman with a mentally defective child whose head she rubbed following with the rubbing of the head of the god, and repeating with successive rubbings of each. He says: "Whether in the course of days a brighter intelligence dawned in the lad's dull eyes I know not; but I have little doubt that in its appointed time ring-worm appeared upon his scalp." For centuries this way of scattering disease has been going on and in spite of modern enlightenment it still persists with unabated ardor. Who can say to what extent the spread of cholera, of the bubonic plague, of beri beri, and of other equally dangerous maladies, is due to this method of disseminating pathogenic micro-organisms? When it



THE NAVAL HOSPITAL OF U.S.A. IN YOKOHAMA.

米海軍病院

the temple receives such marks of affection or of care. Dr. Treves, after his inspection of the one at Kyoto, had this to say about it: "thousands of hopeful hands have rubbed all the lacquer from his brow, have lowered the height of the forehead, and have rubbed away his nose. From this it is to be inferred that headache and cold in the nose are common in Japan. Binzuru has also been worn to the wood in the region of the stomach as well as over the great toe, which losses of structure suggest that indigestion and possibly gout are not unknown about Kyoto." The doctor then goes on to tell of seeing a woman come and rub the head of a boy having ring-worm of the scalp and then rub the head of Binzuru to get it cured. Immedi-

is a notorious fact that the holy water, in our American churches, is impregnated with *bacillus coli communis*, in less than an hour after being freshly placed, why should not the polluted hands of the patrons of Binzuru thus transfer from hand to hand the germs of dangerous diseases? To go home and prepare food, after the rubbing of the head or body of the god, is to sow the seeds that multiply into a million fold the transferred few. Nor is the habit dangerous alone to themselves. It is the worshippers at the temples of Kwanon who pick the tea, prepare the rice, polish the coffee beans, and do other work upon goods that are exported to the ends of the earth. It is these same worshipers who scatter themselves abroad through civilized coun-

tries to do the work of laborers. Talk as we may about the virtue of tolerance for ancient religions, but the fact remains that it is the ignorant clinging to what ought to be defunct faiths that is the greatest hinderance to scientific hygiene. Moslem ablutions and Moslem herdings together during hegiras Buddhistic and Brahministic opposition to the destruction of rats and fleas, holy ablutions, sprinklings and rubbings of polluted objects or polluted water, and the passing of polluted cups from lips to lips, constitute the most threateningly dangerous acts of human conduct. In self-defense the civilized people of the earth may be compelled to use force to put an end to all such so-called sacraments or so modify them that they will cease to be dangerous to others. The one remarkable feature of all these dangerous religious habits is that they were originally devised for a purpose the very opposite to that to which they have led. Their original aim, so far as can be inferred, was one of cleanliness or of purification. It is due to the loss of all meaning and the acceptance of them as decrees of the gods that pollution through them has become possible. To put a spiritual meaning into an act of any kind at once carries it out of the region of common sense and tends to debase it. The Japanese are much less likely to acquire habits of uncleanness in this way than are the Hindoos. Their basic faith is Shintoism and its essence is obedience to the law and physical cleanliness of the body and of the home. While most of them may accept the Buddhist faith none of them ever ignore their Shinto education.

But for that spirit of implicit reliance of the people upon the Mikado, and those in power, Japanese progress in civilization would have been very much lower than it has been. The first duty of every Jap is loyalty to his country and its sovereign. It was this training that made him so faithful a soldier in the recent Russian war. It is this that is directing them into our ways of education. His leaders have seen the light and his Shinto training, from the cradle up, has been obedience to his superiors who represent his country. Because of this a Japanese Board of Health can go to greater extremes in enforcing sanitary regulations than an American board dares to do. It is no uncommon thing for them to burn down Japanese homes so as to suppress a contagious disease. Why they do not turn their attention to Binzuru and get rid of him is probably because of his vital connection with Buddhist faith. It would strike too deeply into the heart of popular superstition and might alienate many from their Shinto train-

ing. But, judging from the way the country is moving ahead, it is not likely to be long before even this superstition will be attacked and suppressed. Their quacks are becoming fewer in numbers, their priests are being trained in modern ways, their old-style doctor is a thing of the past, and the educated medical man is already in the ascendancy. Doctors who disregard the laws concerning contagious diseases are dealt with severely. Their right to practice is withdrawn from them for from one month to one year. There are in the neighborhood of 35,000 properly qualified medical men practicing in Japan. This gives one well educated doctor to about 1300 inhabitants, for the entire country. In the cities the proportion of doctors is larger. Their medical colleges are planned after the best models in Europe and America. Their first professors in these and in the universities, were composed of picked Japanese educated abroad, and foreign professors imported for the purpose of securing their skilled guidance. Now there are but few foreign professors as they have an abundance of capable men of their own race to conduct these institutions. When the experiment of educating the Japanese people in occidental knowledge began the leaders sent, through their foreign envoys, requests for advice to the chief educators of the world. The Japanese envoy at Washington, in 1873, received in this way letters of advice from such men as Presidents McCosh, Stearns, Woolsey, Hopkins and Elliot. Prince Ito, then a young man and enthusiastic in such work, frequently consulted Herbert Spencer for advice. In bacteriology Koch was their guide and Kitasato, then a student with von Behring, was their rising star. Later in his career Kitasato made his mark for all time by his work on antitoxin. To him, Behring and Roux the world owes a debt of gratitude that it can never fully repay. It was likewise Kitasato who, in 1889, isolated the bacillus of tetanus and in conjunction with his fellow-countryman, Yersin, in 1894, isolated that of plague. We here see that Japanese men of science began very early to pay back to civilization part of the debt it owes. Many such cases can already be cited, but there is one of particular interest to the medical men of the United States. Dr. Jokichi Takamine, now of New York City, but formerly of Tokyo, was the first to isolate diastase, in commercial amounts, from a Japanese fungus and the first to isolate adrenalin from the extract of the suprarenal glands. He is quite well known to a large number of the medical men of our country. The story of the additions to human knowledge made by their botanists,

zoologists, physicists, and other would be an interesting one to give, but it would make this letter too long.

HEALTH OF THE CANAL ZONE.—During the month of June, 1908, the population of the Canal Zone, including the cities of Colon and Panama, was 120,510. There were 293 deaths among this population, corresponding to an annual death rate of 29.17 per 1000. There were 3 deaths from typhoid fever; 4 from estivoautumnal malaria; 2 from clinical malaria; 1 from hemoglobinuric fever; 2 from amebic dysentery; 13 from clinical dysentery; 3 from beriberi; 3 from purulent infection and septicemia; 2 from rabies; 3 from pulmonary tuberculosis; 3 from acute articular rheumatism; 3 from tetanus; 4 from broncho pneumonia; 16 from pneumonia; 35 from diarrhea and enteritis under two years of age; 6 from diarrhea and enteritis two years of age and over; and 1 from puerperal fever.

WORK FOR THE "CURED" TUBERCULAR.—Some time ago we called attention to the desirability of providing some means whereby patients, discharged from sanatoria for the cure of tuberculosis, might continue to derive the benefit of fresh air and proper regimen while, at the same time, having the opportunity of becoming self-supporting. At that time we suggested that light husbandry offered the most feasible plan. A few days ago we noticed, in an English newspaper, that, in one of the counties in England, the guardians had resolved to establish a farm where such patients might continue the cure begun in the sanatorium. It was proposed that horticulture, bee culture, and the care of fowls would offer suitable employment to these patients, and it was believed that they could thus, in a large measure, become self-supporting. It would seem that the carrying out of this proposal would solve the question of what is to be done with its class, who so urgently require the best surroundings, with little physical or mental stress, for a considerable period of time. In addition to the physical benefit these patients could thus receive, is the education they obtain in a method of self-supporting shorn of the dangers of city life or of over-exertion. The medical fold should watch with interest the development and results of this experiment. It certainly has common sense to back it, and we wish the guardians an abundant success. —Milwaukee Med. Jour.

THE TYPHOID SEASON.—The typhoid season is nearly upon us and a few suggestions on this topic may not be untimely. We do

not believe that it has ever been shown that typhoid can be cut short after an infection obtained; but almost every one knows that it is one of the preventable diseases, and that a bit of caution may save many months of care. Food and drink are the well recognized carriers of typhoid infection, and yet, within the past few years, there have been several well authenticated cases of individuals who were distributors of typhoid poison to the food and drink consumed by others. Every safeguard should be taken, especially with milk and water, during this period of the year when typhoid is prevalent. It may not be amiss to inquire of a new domestic whether she personally has had typhoid or has been associated recently with a typhoid case. In the case of a guest, more particularly one who has had relapses or a recent infection, it is desirable to sequester articles in which his food is served, as well as all linen. Every specific which has been suggested has failed to fulfil the promises made for it; but it may be possible, by thoroughly cleansing the whole digestive tract at the beginning of the least disturbance, to uproot and dislodge a possible typhoid nidus. It is by no means easy to say just what type we can expect in an individual case; indeed, we have seen two cases, which undoubtedly received an infection from the same source, run such different courses that we could almost have believed the diseases were themselves different had not the Widal test been repeatedly positive in both cases. The really important thing to remember is this: that a case that has had typhoid may, for many months, be a distributor of the disease. For this reason it is well worth the trouble to learn whether, in the individual case, any such infection has recently occurred. We cannot presume to dictate the details of treatment, but we can say from an experience of many cases that nursing and liquid diet are essential. We have yet to find any vaunted intestinal antiseptic of any value. The disease is not an intestinal, but a blood infection. In short, drugs, except for particular conditions, are of little or no value; the coal tar products for the reduction of temperature are decidedly disadvantageous and are apt to result in serious cardiac weaknesses. Tepid water with alcohol, for sponge baths, and plain cold water in the lower bowels, by enema, are the two best methods for the reduction of temperature. The Brandt cold tub has not seemed to justify the expectations which it aroused, and certainly for many patients in the higher walks of life, a cold plunge does not give the results so often claimed, and may do considerable damage.—The Post-Graduate.

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OFFICIAL TRANSACTIONS.

CLINICAL HISTORY AND PRESENTATION OF TWO CASES OF RAYNAUD'S DISEASE.

THOMAS D. WOODSON, A. B., M. D.

ST. LOUIS,

It gives me great pleasure to have the privilege of presenting two cases of symmetrical gangrene of the extremities commonly known as Raynaud's disease.

Asking your indulgence I will first review some of the salient features of the disease. Though several cases of symmetrical gangrene are recorded in the earlier literature, Raynaud in 1862 was the first to accurately describe this condition which bears his name, Raynaud's disease, or symmetrical gangrene, is a rare affection belonging to the class of diseases known as trophic or vasomotor neuroses. It is characterized by spasm of the peripheral blood vessels, or at least by a partial obstruction of the circulation in the extremities. This occurs in the fingers, toes, ears, nose, or tongue. There is a cold cadaveric waxiness of the affected parts accompanied by excruciating pain. This may be followed by gangrene of the parts, or else by recovery.

Of the etiology and pathology of this disease very little is definitely known. It is thought to be brought about by a constriction of the lumen of the blood vessels. The predisposing factors are given as anemia, infectious fevers, exposure, fright, syphilis and diabetes. It is often found in individuals of an extremely neurotic disposition. An obliterating endarteritis is often found. This is thought to be combined with the action of some toxic agent on the vasomotor centers causing a spasm of the peripheral blood vessels. The disease usually runs a long course, often subject to many relapses. In many instances there is the loss of several parts by gangrene. Recovery is the rule, though it is very slow.

CASE I.—J. F. O., male, white, 26 years, single; carriage driver. Entered hospital on the evening of February 20th, 1908. Complained of severe pain in fingers. Has used tobacco and alcohol moderately. Very ir-

regular in habits of living, and often exposed to various conditions of weather. He has a brother now suffering with acute articular rheumatism. Family history otherwise negative. Patient has been a carriage driver for several years. Has had the usual infectious diseases of childhood. Has had several minor attacks of malaria. Gonorrhea some years ago. Vague uncertain history regarding venereal sore two years ago.

Present trouble began about one week before entering the hospital at which time the patient noticed that his fingers were somewhat swollen and cold. They seem to be getting worse each day. On the following Monday he was driving late exposed to cold, damp weather. The next day the fingers of both hands were swollen, cold and stiff. The pain was very severe becoming so intense that the patient came to hospital. Examination showed the first, second and third fingers of both hands swollen, cyanotic and exceedingly tender. (Patient stated that at the onset the fingers were white.) On the middle finger of the right hand a small white area was found which was completely anesthetic. Pulse, respiration and temperature were throughout the course of the disease practically normal. Urine normal. Physical examination showed nothing abnormal except that the patient was rather neurotic.

The following treatment was given. At first only tonics and hot applications were used. Then an effort was made to produce hyperemia of the affected parts by putting constricting bands about the base of the fingers. The disease, however, continued progressively worse. At this time strong narcotics were used to give rest. After he had been in the hospital about one week, it was noticed that the disease had begun in both little fingers.

At this time it was suggested by Dr. Fry that the patient be given sodium nitrite hypodermatically, with the view of dilating the peripheral blood vessels. This was done by giving $\frac{1}{4}$ gr. doses about every four hours, the injections being made alternately in about the right and left arm. Also ten grains of potassium iodide were given internally at the

* Read at the meeting of April 2, 1908.

same time. Under this treatment he began immediately to improve. The pain disappeared, the fingers warmed, and narcotics were not necessary to give rest. The case has continued to improve until at this time recovery is almost complete, so far as this attack is concerned.

CASE II.—(This case came under the observation of Dr. Shutt at the Emergency Hospital during his service there. It is to him that I am indebted for the privilege of presenting it.) White, male; member of the city fire department; 37 years of age. Single, occupation made exposure to weather necessary. Mother said to have diabetis.

One brother died with cirrhosis of the liver. Family history otherwise negative. Has been a member of the city fire department for the past five years. Before that time he had been a porter in a hotel, and before that a teamster. Had the usual diseases of childhood. Gonorrhea several times, followed by a stricture. In 1891 has sore of doubtful nature on penis. Passed rigid physical examination for entrance to city fire department five years ago.

The present trouble began in the fall of 1904. About this time he was rendered unconscious for a time from an injury in an accident. Four weeks later he began to have severe pains from the hips radiating downward, being most severe in the feet. These pains were very severe. Under the bottom of the left foot a hard callous formed, under which was found a mass of necrotic tissue. When this was cleared up the foot would immediately begin to get better. One year later the same process began in the right foot. At various intervals it was found necessary to amputate toes on account of gangrene. At intervals the disease would disappear, but it always recurred. Several times he has had severe cellulitis in foot and leg on account of secondary infection. The gangrenous process has in this case been apparently stopped for some time, though there is still some pus being discharged. He has lost the second, third and little toes of the left foot, and the great and little toes of the right foot. Physical examination negative with the exception of failure of pupils to react to light. Urine normal.

The treatment of this case was principally tonics with large doses of potassium iodide. The gangrenous parts were treated surgically.

As stated above, the nature of this disease is not well known. It is evidently associated with diminished blood-supply to the affected parts. These parts during an attack are anemic, waxy and cold. But whether this change in blood supply is due to changes in

the vasomotor center, or the vasomotor apparatus in the peripheral blood vessels themselves, or whether it is due to trophic nerve influences, is not known. The fact that many of the cases of this disease are neurotics may indicate central or general nerve influences. However, the fact that gangrene occurs only at the extremities might indicate that the disease is more local in its nature. It is possible that cold and exposure is a factor in most cases, the peripheral vasomotor apparatus becoming hyper-irritable by the repeated exposures.

Tonics were given with the view of increasing the resistance and the general well being of the patient. Sodium nitrite was given with the view of dilating the peripheral vessels, especially in the affected parts. Potassium iodide was given as an alternative and also as a possible specific. The prompt recovery of the patient under the sodium nitrite treatment might lead to hasty conclusions regarding its efficacy in these cases. It is possible that the attack was subsiding at the time the treatment was begun.

If the disease is due to changes in the vasomotor center, it would seem to be advisable to try section of the nerves supplying the affected digits. This would cut off the parts from the vasomotor center and might be expected to cause vasodilatation. This would at once show whether the disease is due to the influence of the vasomotor center or not.

DISCUSSION.

Dr. M. Wiener.—If this condition were due to some central trouble, a general constriction of the peripheral vessels, it could be easily proven by an examination of the fundus.

Dr. Jerome Cook.—Just how was the nitrite given and how often?

Dr. Woodson.—Quarter grain doses every four hours, first in one arm and in the other, subcutaneously.

Dr. Cook.—Has that method been tried in another cases?

Dr. Woodson.—Dr. Fry tried it in several cases.

Dr. Hempelmann.—I saw reports several years ago in which the writer stated that he had observed after a tourniquet was applied and removed that a flushing followed. He concluded, in view of this fact, to try it in these cases and applied it several times a day with very good results. Some time ago I saw a man who suffered with cold feet, and I recommended this treatment. It gave him great relief. Temporarily, at least, it was very effective. I would suggest that it be

given a trial in these cases of Raynaud's disease.

Dr. Woodson.—I think the suggestion to have a fundus examination a good one, and I will have an examination made.

Dr. M. J. Lippe.—What was the result of the examination of the nervous system in the fireman? Was there any cord trouble, and was the blood pressure taken in either case? In other cases reported it has been shown to be excessive.

Dr. Woodson.—The blood pressure was not taken in my cases. The examination of the nervous system was negative in the first case, in the other it was negative except for the Argyle-Robertson pupil.

Dr. Shankland.—When the fireman first came to the Emergency-Hospital, he had been treated for some time for tabes without improvement. The treatment was changed and he did improve. It seems that if this condition had been syphilitic in origin that it would have improved under the iodides.

Dr. Lippe.—The statements made by the doctor prove absolutely nothing. We know that the effect of mercury and the iodides on the tabetic are practically nil.

Dr. Shankland.—I merely wished to bring out the fact that the patient improved under other treatment.

Dr. Shutt.—This patient (the fireman) came to my attention about a year ago. I understand that he has had this condition several years, and up to the time I saw him no other diagnosis had been made than that of syphilis. The condition appeared to me peculiar. I had never seen a syphilitic case that resembled this one in all its details. I have never been able to satisfy myself that the man ever had a primary lesion of syphilis. On the other hand, he does make statements in regard to his mode of life that have some bearing on the condition. For instance, he was on his feet a great deal of the time, which would predispose to this condition. He has been treated with mercury and the iodides with no improvement. The condition grows better and then recurs, and that is typical of Raynaud's disease. Again, the blood in the capillaries becomes coagulated and in trimming off the callous you have the typical condition. The degeneration begins around these capillaries. It begins on the inner side of the callous and extends inward, and that is another point typical of Raynaud's disease; the condition extends inward instead of outward. If he lets that callous go without trimming it off, he will lose another toe. I am satisfied that the great toe would have been

lost a year ago, if the callous had not been trimmed off. As soon as this callous was removed, the pains, which extended up into the thigh, ceased, and there would be no more trouble until the degenerative process began again. To me it more closely resembles Raynaud's disease than any other thing I know of.

Dr. Huelmann.—I believe the history showed that the mother or father had diabetes. It would be well to have the urine of this patient frequently examined. I recall an almost identical case, although the urine was examined for almost eighteen months, at least once a month, no sugar was found, then about 3 per cent of sugar suddenly appeared.

Dr. Hempelmann.—This man has, I am told, a typical Argyle-Robertson pupil. Now this pupil and the appearance of this ulcer looked more like a tabes or a paretic condition. Certainly the Argyle-Robertson pupil does not belong to Raynaud's disease.

Dr. Shutt.—A year ago I went over this man with the idea of syphilis in view and examined very carefully for anything that would clinch the diagnosis, and the only thing he had that was significant was the contracted pupil. He has a perfect appetite and always has had, no cardinal pain, his general nervous condition has always been good, and no change in the gait except what would be the natural result of the loss of his toes.

Dr. Rassieur.—The question is whether the Argyle-Robertson pupil is sufficient to make a diagnosis of lues. I have seen a diagnosis of lues based on that very symptom.

Dr. Wiener.—I have seen the Argyle-Robertson pupil without any other symptom. This patient has an exaggerated patellar reflex which is not found except occasionally in the very early stages of tabes.

Dr. Lippe.—In making my statement I merely wanted to say that this pupil and the ulcer on his foot would lead me to think that possibly it might be syphilitic. I do not want to appear to be antagonizing the diagnosis.

Dr. Shutt.—I don't think there has been a dogmatic diagnosis made. I believe it is a case which can be followed up with profit.

NEW INFIRMARY FOR CHICAGO.—Plans have been approved for the first group of buildings to be erected on the Cook County Hospital grounds at Lincoln and Polk streets. It is estimated to cost about \$2,000,000, and will be a modern structure for the care of those in advanced stages of disease.

PRESENTATION OF SPECIMENS—MACROSCOPICAL AND MICROSCOPICAL.

LOUIS RASSIEUR, M. D.

ST. LOUIS.

Instructor in Surgery at the St. Louis University.

Gangrenous Appendix.—History of Case.—Mr. H., aged 19 years, a marble worker, was taken with cramps on Friday, March 27th. He worked that day, had pains that night, but worked the next day. On Saturday evening he was too sick to lie in bed, and at 5 o'clock on Sunday morning he sent for a doctor. I saw the case at 9 o'clock. The pulse was 100, temperature 102 deg., slight rigidity in the right lower quadrant, tenderness over the whole abdomen. I thought I could detect a tumor at McBurney's point.

Operation.—The peritoneal cavity contained free fluid, brown and turbid. There were few adhesions. The appendix was perforated. It was ligated and over that were the usual two purse-string sutures of linen. About twenty hours after the operation he presented symptoms of dilated stomach. He was in the Fowler position and drainage was used. I hesitated to take him out of the Fowler position because of the very few adhesions and the brown fluid in the cavity. On the fourth day after operation his pulse came down to 70, respiration 20, temperature 98.6 deg. He remained in that condition about fifteen hours, when suddenly he complained of the same symptoms again, began vomiting, had pains, the abdomen became distended, and he died ten or fifteen hours after the onset of the attack. The pulse was so rapid it could not be counted, the temperature high. The diagnosis was death due probably to peritonitis, possibly complicated by dilatation of the stomach. We did not have a post-mortem. So few adhesions in a case of appendicitis so far advanced is a very good indication of the lack of resistance of the patient. This appendix had all the colors of the rainbow.

Ovarian Tumor: Thrombosis of the Ovarian Vessels.—This specimen is from a case operated upon by a friend of mine. The history is as follows: The patient, a virgin, 21 years old, was taken with a sudden pain in the abdomen. The abdomen was distended, pulse rapid, some shock. The diagnosis was appendicitis. No vaginal examination was made. The usual incision for appendicitis was made. The appendix showed little inflammation and the operator concluded that there was nothing wrong with it. He proceeded therefore to look further for the

cause of the trouble. There was only a slight edema of the serosa and slight round-cell infiltration. He found a tumor in the left side of the pelvis. The Fallopian tube was reddened, and thickened. To the ovary was attached a tumor which was very hard and had a cyst on it. In the mesentery of the left tube was a cyst three-fourth inch in diameter which, while he was examining it, ruptured and blood escaped. Some one suggested that it was an ectopic pregnancy. Seeing tumor on this ovary he thought it would be but a short time until a tumor would develop on the other side, so he took the right ovary out also. There was thrombosis of the ovarian artery and gangrene of the tube. The tumor of the ovary was a fibroid which also showed the effects of the thrombosis, showing edematous and hemorrhagic areas. The ovary on the other side showed only a few hydropic Graafian follicles.

Noma of the Perineum.—This patient was 23½ years old, a nullipara. She claimed there were no irregularities of menstruation and there was no history of abortion. She was very anemic, and had suffered for six or eight months with a cough and loss of weight. She went to bed March 26th on account of weakness and an exacerbation of her chest troubles. On March 29th she complained of soreness of the perineum. Careful examination for chancroid proved negative. Soon a dry gangrene developed in butterfly fashion over the perineum up to the lesser labia. I saw the patient on April 2d. Her mother thought that an abortion might have been induced, as something of the kind had been done before, but she insisted that an abortion had not been performed. Her temperature was 104 deg., pulse very rapid and she passed very little urine. She passed but a small amount in thirty-six hours. This was very highly colored, syrupy, one-third albumin by heat test. The woman had had a chest trouble for several months, probably tuberculosis, and had worn a chest protector. On March 26th the doctor had advised her to go to bed. When she complained of this soreness of the perineum the doctor had suspected chancroidal infection, but could get no history. There was no inflammatory reaction around the gangrene. I made eight smears, inoculating some agar-agar and gelatin. The cultures showed only a bacillus like colon bacillus. It was, in fact, colon bacillus on classification. On April 4th she developed at the lower right quadrant of the anus a gangrenous condition, and on the 5th she died. There was no peritonitis present as far as I could see. Complete post mortem examination was refused. Microscopical examin-

* Read before the meeting of April 16, 1908.

ation of the specimen near its periphery shows but little round cell infiltration. No abortion had been induced.

DISCUSSION.

Dr. Carl Fisch.—In the case of noma, I would ask whether the doctor tried to cultivate this material by anerobic culture. The presence of colon bacilli would not mean anything, for we would expect it there.

Dr. Frank Hinchey.—Did the patient from whom these two ovaries were removed have any symptoms on the left side? I admire the courage of the surgeon who did a double oophorectomy following an appendectomy, especially when he did not have permission. Unless the doctor has been given absolute authority to go ahead and take out everything necessary for a cure, he should have a pretty big bank account, as the courts have repeatedly given damages on action of the ungrateful patient. It seems to me the condition of that right ovary did not demand removal.

Dr. George Homan.—How is the acute dilatation of the stomach brought about in these cases? I don't quite understand just how it occurs.

Dr. A. Edward Meisenbach.—Was there evidence of torsion of this ovary which probably produced the gangrene? Was the diagnosis made between dynamic ileus and acute dilatation of the stomach? A condition might be diagnosed as acute gastric dilatation when it is in reality a septic paralysis of the bowel. The disturbances we meet with in such cases of appendicitis are often surprising. As to the significance of the amount of the adhesions, I don't know that I could agree with the doctor more than that their absence or scarcity is an exception to the rule. Adhesions are to be hoped for, but the correct interpretation of as to their early or late appearance must depend on the character of the irritant and the local response of the organism, and their late appearance may not be of serious prognosis. I saw recently a patient with a flat belly, temperature normal, pulse 76, slight tenderness over appendix, no tumor to be felt just before operation. He was feeling fine and looking fine. Operation revealed perforation and a gangrenous condition and there was some free fluid in the abdominal cavity and very slight if any adhesions. For three days this patient's temperature has been normal. I recall two other cases in which there were no particular adhesions, the right half of the abdomen contained a similar picture. In one of these cases there was edema of the subserous layers of the abdominal wall, a turbid fluid in the

cavity, and the individual recovered, although the fluid was not limited by adhesions. In another, the abdomen filled with a clear yellowish fluid after operation, which for several days could be expelled by manipulating the abdomen.

Dr. W. C. G. Kirchner.—Was there any peculiar or characteristic odor connected with the case of noma? Were there any other bacteria found? Noma in other parts of the body has a characteristic odor.

Dr. C. H. Shutt.—The first case reported by Dr. Rassieur was very interesting, and I would like to ask the doctor as to the condition of the omentum in this case—as to its length, position at the time of opening the abdomen and whether or not it was engaged in the walling-off process. I would also like to ask the doctor's experience with the symptoms mentioned by Morris of New York (tenderness of the lumbar sympathetic ganglion). This symptom in certain forms of chronic appendicitis seems to be of definite value, and it will no doubt in due time take a definite place among the factors which assist in making a diagnosis of certain forms of appendicitis. The question of acute dilatation of the stomach is of interest to both the medical and the surgical practitioner, and I am convinced that it exists more frequently than is ordinarily supposed. It is a condition which should always be borne in mind, and symptoms should be carefully studied in order that the condition can be determined in the early stages. As to cause, etc., many theories have been advanced, some of them plausible, and in the near future much valuable information will no doubt be published by competent observers of this condition. We have seen this condition a number of times, and although it has not always resulted fatally it is a source of great worry and gives the patient much discomfort. It is a subject which must draw the most profound study from us all.

Dr. Rassieur, in closing.—I could find no omentum there and what adhesions were there were very few and very slight. I felt that there was nothing to prevent the omentum coming up at once if it was there. As to whether I had observed this before, i. e., where there were no adhesions and this brownish fluid in the cavity, I have noted it in several cases. They usually run a bad course. If the doctor has had such cases that ran an opposite course, it only adds another picture to the history of appendicitis. In my own experience they have been unusually fatal. As to whether I made an anerobic culture, I did not, first because the opportunities for doing it I did not have at hand; sec-

only, because there has been no anerobic organism found as the cause of noma. Some have accused bacilli, others have accused a coccus as the cause of noma. Wasserman believes noma may be caused by almost any organism if the soil is suitable. It is natural that the colon bacillus should be present. The interesting thing is that in the bouillon culture, if there were any other organisms they did not grow. I don't believe the colon bacillus caused it, I simply stated that I found it. As to Dr. Hinchey's question, the doctor diagnosed appendicitis. When he did not find the expected condition in the appendix, he hunted for more. As to what caused the thrombosis, torsion or pressure of the uterus, torsion is very probably the cause of it, especially in view of the sudden onset of the attack, but I do not know, and I presume the doctor did not know, either. As to the cause of acute dilatation of the stomach, though he presented these same symptoms before his death, I believe he died of peritonitis, complicated by this. About the odor in the case of noma, it was very foul. There could be no guess work about it. This case is unusually interesting. The gynecologists do not mention noma of the perineum, probably because they do not see it, but the pediatricists mention it. Holt mentions it, the German authorities mention it, and one author says he finds it as frequently as on the face. There was no tenderness of the sympathetic ganglion on either side. In the case of noma, there was no sugar in the urine.

ST. LOUIS UNIVERSITY SCHOOL OF MEDICINE.—Warren P. Elmer and William T. Engelbach have been appointed assistant professors of medicine; William W. Graves, assistant professor of nervous diseases; M. G. Seelig, assistant professor of pathology; James M. Wilson, associate professor of embryology.

THE LAW OF THE KILLED AND WOUNDED.—Congress and the President have failed, so far, in their efforts to safeguard the man who works, and the companies for whom men work, and, above all, the women and children who are dependent. Earnest men are fighting for justice—for a system of compensation that will be fair to all. In the September Everybody's William Hard has written a powerful constructive article, entitled "The Law of the Killed and Wounded," that, on broadly human lines, should interest every citizen, and, on purely economic lines, should give inspiration to every employer of labor.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

It is not without reason that the medical educators of the country see it necessary to repeatedly advise students to protect themselves, through the presence of assistants and attendants, in all their professional

Perjured Ante-Mortem Statements.

dealings with women who present neurotic tendencies; failure to take this precaution has cost many a doctor dearly. But it is not alone the neurotic which threatens the unwary, nor is the sexual the only point of attack; among womankind there are those who seem to possess a malicious and unreasoning desire to injure others and the nature of our calling makes us especially liable to their attention. Claims of paternity assault and unprofessional conduct raised against physicians if carefully analyzed would show that they are rare as matters of fact and common as a matter of erotic or malicious bias. That the ante-mortem statement of a woman should be given so great weight at law when it can be so easily demonstrated that in their general run the statements of the living are far from trustworthy is one of the surprising things of present-day jurisprudence. Speaking of the possibility of death-bed evidence being absolutely untrue and malicious the editor of the *Alienist and Neurologist* tells a story which is worthy of consideration, one which should make us slow to credit a statement reflecting on a brother physician's conduct, even though given by one supposedly facing dissolution.

Dr. Hughes says that experienced judges in courts of justice have often discredited woman's uncorroborated testimony while some state laws accept the woman's testimony as convincing proof of paternity in certain cases wherein she is concerned. Here follows a staggering record of a woman's inability to appreciate or care for consequences of her

lying and of her capacity to prevaricate even unto death. Yet petticoat biased erotopathic emotional juries are sometimes found who can see no guile in woman and only Gospel truth in her testimony against a man "A reputable physician of Detroit, Dr. E. L. Emmons, was called to visit a patient whom he had never visited before," says Dr. E. S. McKee, "in a boarding house. She had a cold, for which Dr. Emmons prescribed. Some time after he read in the papers that this woman had accused him of procuring an abortion on her. She was a janitress and was found by another physician suffering from sepsis, due to a blundering attempt to procure an abortion. Another physician was called in and the patient removed to a hospital. The prosecutor's office was notified and the assistant prosecutor and a stenographer hastened to the bedside to take the ante-mortem statement, the priest having administered the last sacrament. Facing death and in the presence of several witnesses, she said that Dr. Emmons had performed the operation, named the time, the place and the fee. But she did not die. A month later the case was brought to trial and instead of the ante-mortem statement, the woman herself was on the stand. On cross-examination she broke down and admitted that Dr. Emmons knew nothing at all about the case or her condition.

THERE continues an amount of discussion of the vivisection question which recent advances and discoveries should seem to have quieted. That vivisection is working a great benefit to the human

Antivivisection Statistics.
 race is beyond question and while we are heartily with those who would restrict the practice and keep it in scientific hands we are cordially opposed to those who blind themselves to its benefits and would make it illegal. The tyro in medicine and the high-school pupil have no business working on either animals or human beings unless they be dead, except it be under an able instructor. The mutilated animals which escape and harrow up the feelings of the community were never in the hands of scientific men, nor do scientific men resort to all the extremes of brutal torture which we find pictured in the anti's literature. The New England Antivivisection Society of Boston recently issued an appeal for the restriction or abolition of vivisection, which was signed by 162 names of men supposed to be physicians. The editor of the Medical Record has gone to the trouble of looking up the names on the

list with interesting result; the society's "physicians" seem to be like those which are found exploiting peruna and swamp-root. We quote the editor of the Record:

"As the paper is without date we were obliged to take the last edition of Polk's Medical Directory in order to look up the standing of these physicians. The interesting result is as follows: Of 162 names, 73 were not in the directory at all. As to dates of graduation the following is the record: 1898 to 1908, 1; 1888 to 1897, 7; 1878 to 1887, 31; 1868 to 1877, 24; 1858 to 1867, 10; 1848 to 1857, 5; 1838 to 1847, 2; date of graduation omitted, 9. As to institutional appointments and practice the following are the data: Minor positions in unimportant medical schools, 4; small hospitals, 3; dispensaries, 2; asylums, 2; retired from practice, 5; druggists, 1; no appointments, 145. Since the Science of Bacteriology came into being about 1880 and was not widely recognized for several years, it follows that of the physicians signing this circular, who could be traced, only eight were graduated under modern teaching, namely, those who had received degrees since 1888. Any circular of this kind intended to influence public opinion, issued in good faith, should be made correct to date. The 73 names not in the directory may in part be those of physicians who have died or changed their residences. Both are grounds for correction. A vast majority of these physicians in the list live in places having no medical reference libraries giving opportunity for a full investigation of modern medical science and its advances."

THE twenty-first annual meeting of this society will be held in Council Bluffs, Iowa, September 3-4, 1908,

Medical Society of the Missouri Valley.

and the program just received justifies the prediction that this will be one of the most successful meetings in the history of this worthy association. The program is fairly divided between Surgery and Internal Medicine, and therefore the general practitioner will derive great benefit from the papers presented. Notable among the contributors, we notice the names of Dr. A. R. Kieffer, president of the Missouri State Medical Society, who will read a paper on "Ectopic Pregnancy," a subject which he is thoroughly capable of handling; Dr. Jules F. Menestrina, on "Skin Grafting;" Dr. R. Emmet Kane, on "Mucus Colitis;" Dr. Isaac A. Abt, on "Nervous Children;" Dr. LeRoy Crummer, on "Use of Morphine in Heart Disease;" Dr. J. Malseed

Bell, "Diet in Hyperacidity;" Dr. Andrew B. Somers, "Dystocia."

Dr. W. F. Milroy will deliver the Presidential address, and Dr. C. B. Hardin the Address on Medicine.

Altogether the program contains twenty-five papers, and every one of them on a timely topic. We would urge our readers to attend this meeting, if they would see a live, progressive body of men, who "work for the love of working," and are earnest in their endeavors to advance the cause of scientific medicine.

The profession of Council Bluffs will give the society a smoker at the Grand Hotel on the first evening, and an automobile ride in the early morning.

DR. GEO. D. KAHLO, medical director of the French Lick Springs, was elected president of the Indiana State Medical Society at its last annual meeting.

DR. OSCAR LIEBREICH, discoverer of chloral hydrate, recently died at Berlin, at the age of seventy years. Chloral hydrate was introduced to the medical profession in 1872.

PROFESSIONAL INCOMES IN BERLIN.—Official statistics have been published showing that among 4,000 physicians practising in Berlin 778 have a yearly income below \$750, 688 more an income below \$1,125, and only a very few get above \$3,000.

THE Pacific Pharmacist (July) laments the fact that only a fraction over 65 per cent of North Dakota drug-stores investigated had a copy of the eighth revision of the U. S. P., and yet our druggist friends want us to be sure to always substitute in our prescriptions U. S. P. or N. F. formula for a tried proprietary, no matter how ethical the preparation or how elegant its composition!—Lancet-Clinic.

MISSOURI PARTY TO THE CONGRESS ON TUBERCULOSIS.—Arrangements are nearing completion for a special party to Washington, D. C., leaving St. Louis on Saturday, September 26, and arriving at Washington in time for the opening of the general sessions and section work of the Congress. The exhibition opens one week earlier, and continues one week later than the Congress. It is expected that a rate of one and three-fifths fare for round trip will be in effect. Write to Dr. Chas. Wood Fassett, St. Joseph, Mo., and obtain full particulars, or leave your name with the editor of the FORTNIGHTLY, expressing your desire to join the party, and you will receive literature and full instructions.

BYRON ROBINSON'S NOTE BOOK.

In twenty-five years I have had two patients attacked with tetanus subsequent to peritonotomy.

The blood supply at all intestinal flexures is abundant as they are primordial landmarks in the tractus intestinalis.

Doctors belong to the universal medical church whose sunlit field includes the good and great of every race and clime.

Medical students who intend to do surgery should have a special surgical training, otherwise they will slaughter the innocent.

There are four major mesocolic circles located bilaterally duplicate and producing definitive fields which practically bound distinct viscera.

Cold fresh air cures disease day and night. Hence windows of shops and bedrooms should be open. Cold fresh air cures disease by hyperemization—it invites blood.

The statement that blood cures disease has an exception in the well known phenomena that when puberty occurs the excessive blood volume to the pelvic organs, the hyperemia to the pelvic organs produces parovarian cysts by inducing the glands in the mesonephros (middle kidney or para-opheron) to excessive secretion.

The first organ to inspect in an abdominal post-mortem is the omentum majus, which I termed many years ago the "policeman of the belly;" the second organ to inspect in woman is the oviducts and in the man the appendix. The oviducts in woman and the appendix in man are the most vulnerable organs.

The reason the omentum majus should be the organ which should be first inspected in autopsy is because it may lead or direct attention to remote or recent peritoneal pathology. In 40 per cent of subjects the distal surface of the liver is adherent to the right kidney. This is pathologic nephropexy—not surgical. The pathologist calls this condition "disease."

At medical banquets the medical smoker is circumscribed by the odor and smoke of tobacco only. He has no respect for his neighbor and asks him not whether he wishes to breathe into his lungs the smoke which tarried long or short in his uninspected mouth. The modern smoker at banquets puffs his foul smoke frequently from a foul mouth into the eyes and nostrils of his neighbor without an apology. In many banquets it matters little whether women are present or not. Even railroads provide smoking apartments.



THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

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Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

THE Ohio State Legislature has petitioned Congress to establish a national department of health with liberal powers to act and with an ample appropriation to carry out its work.

GASTRALGIA.—Papine in teaspoonful doses given every two or three hours will promptly relieve the severe pain associated with gastralgia. The effect of one dose is often prolonged for five or six hours.

SOME SCHOLARLY ARTICLES.—"Those who appreciate that scholarly periodical, the Medical Fortnightly, will be interested to know that three more of Dr. Eccles' interesting letters are to appear, completing the series. We would also call attention to the article by Dr. Ashmead, in the number of July 10, on "The Bacillus of Mind and Its Decrees."—Am. Jour. Clin. Med.

DR. GEORGE MICHAEL EDEBOHLS, the well-known New York surgeon and gynecologist,

died at his home in that city on August 8. He had been ill for some time, and his death stated to have been due to Hodgkin's disease. He was born in New York City in 1853, and was a graduate of St. John's College, Fordham. He received the degree of M. D. from the College of Physicians and Surgeons, New York, in 1875. Dr. Edebohls was specially identified with renal decapsulation for chronic Bright's disease, a procedure which he originated. The first operation of this kind which he undertook with the deliberate purpose of bringing about a cure in chronic Bright's disease was performed in January, 1898. The patient, a girl of twenty at the time, was afterward married, and five years later he reported her as five months pregnant and permanently cured of her kidney disease. The report of this operation, together with that of five preceding operations which led up to it, was published in the Medical News of April 22, 1889. In 1901 and 1902 several articles by him on the subject appeared in the Medical Record, and in February, 1903, he read before the Medical Association of the Greater City of New York an elaborate paper embodying his experience and that of other surgeons with the Edebohls operation up to that time. This paper was published in the Medical Record of March 28, 1903. Although he by no means claimed that renal decapsulation was universally applicable, and was careful to define its limitations as far as possible, there has always been much dispute as to the real value of the procedure. Dr. Edebohls was for many years Professor of Diseases of Women at the New York Post-Graduate Medical School, and among the other positions he held were those of gynecologist to the New York Post-Graduate Hospital; consulting gynecologist to St. John's Riverside Hospital, Yonkers, and consulting surgeon to St. Francis' Hospital and to the Nyack Hospital.—Boston Med. and Surg. Jour.

COMING MEDICAL MEETINGS.

National Meetings

International Congress on Tuberculosis, Washington, D. C., September 21 to October 12.
Mississippi Valley Medical Association, Louisville, Ky., October 13-15, 1908.
Medical Society of the Missouri Valley, Council Bluffs, Iowa, Sept. 3-4, 1908.
Medical Association of the Southwest, Kansas City, Mo., October 20-21, 1908.

State Meetings

Colorado, Denver, October, 1908.
Idaho, Boise, October 8-9, 1908.
Kentucky, Winchester, October.
Minnesota, St. Paul, October.
Nevada, Goldfield, October 6-7.
New Mexico, Albuquerque,
Oregon, Portland, July.
Washington, Walla Walla, September 2-4.
Wisconsin, Milwaukee.
Wyoming, Sheridan.